

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15						
16						
17						
18						
19						
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21						
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23	1					
24						
25						
26						
27	1					
28						
29						
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31						
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33	1					
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35	1					
36	1					
37	1					
38						
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41						
42						
43						
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46						
47						
48						
49						
50						
TOTAL IND. 8						
TOTAL DEP. 29						
TOTAL CLAIMS 37						

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								